MARVIAND STATE DEDARTMENT OF USALTH

DIVISION OF	F STATISTICAL 2334	RESEAR	CERTIFICA	TE OF DE		TREET, E	ALTIMOR	E 1, MA	123	ind in	
1. PLACE OF DEATH				2. USUAL R	ESIDENC	E (Whare day	eesed livad, If	institution:	Residance	e bafore e	dmission
e. COUNTY	4 Manuala			e. STATE			b. COUN		Ma		
	t. Mary's		MARYLAN c. LENGTH OF STAY IN		Mary.		rata limits, write			- W	(n)
	give neerast lown)	3,	C. LENGTH OF STAT IN	C. CITT ON			idid minis, wille	KOKAL O	9340	1001041 1011	,
	dge		Life	Rura		idge					
d. NAME OF HOSPIT	TAL OR INSTITUTION (i	f not in hosp	itel, give street eddress)	d. STREET	ADDRESS					o. IS R	A FARM?
3. NAME OF	First		Middla	Last	1	4. DATE	Month	1	Dey	Yee	г
DECEASED (Type or print)	Anni	ie	T.	Biscoe		OF DEATH	Fehrus	2077	28.	19	61
5. SEX			NEVER MARRIED	8. DATE OF BIRTI	H	19	AGE (In years			IF UNDER	7.0
Female	Colored	WIDOWED	mer.	Oct. 30,	1891		69 yrs.	Months	Deys	Hours	Min.
dona during most of wo	rking life, even if retire		ND OF BUSINESS OR IND	USTRY 11. BIRTHPLA			oraign country)			FWHAT	COUNTRY
HOUSE WI	Ie	1	Home	1 14. MOTHER'S	MAIDENIA	larylar	ıd	- 0	.S.A	•	
IJ. FATHER'S NAME											
	James Loke:	r			larri	et Lee					
15. WAS DECEASED EVI (Yes, no, or unknown)   (Is			OCIAL SECURITY NO.	17. INFORMANT			Address				
No.	1 A as A I A a MAI OI GAIGS OI S		none	Veronica 1	B. Re:	id	Ridge,	Mary	land		
	EATH Enter only ona			1	1			-	INT	ERVAL BE	
PART I. DEATH	H WAS CAUSED BY:	(V)	xiliano	Henners	an a				ON	SET AND	DEATH
2 2	IMMEDIATE CAUSE (a)	1/	2	Hemorri	J						
Conditions, if any	7 7 7	14	pellens	-							
geva rise to immadi	DI JULI TO		//								
(e), stating the uncourse lest.	noanying (a)		/								
	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO T	HE TERMIN	AL DISEASE	ONDITION GIV	EN IN PAI	RT 1(a)   1	9. WAS /	UTOPSY
PART II. OTHER  20s. ACCIDENT W. OR CONTRIBUTING  IF EITHER, NOTIFY										PERFO	NO 1
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URED. (Enter natura of	injury in P	art I or Part II	(.81 meti to				
20c. TIME OF INJU	IRY Month, Day, Ya	Whila	Not Whila	PLACE OF INJURY (I factory, streat, office			or fown)	(Co	unty)		(Stete)
		al) attend	led the deceased fr	om 9" Oct		1968 to.:	4128	, 19	61,1	hat (I)	(we) la
	sed alive on		19 <b>(</b> , and								
220. SIGNATURE	ils Dies	eun	eee	M.D. ATTENDIN		ED.	STAFF PHYS.			221	SIGNE
22c. PHYSICIAN'S NAME (Type)	Cha	rles G	reenwell M.	D. 22d. ADD		eonard	town, M	aryla	nd		
23e. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMET	TERY OR CREMATOR		23d. LOC/	TION (City, to	wn or cour	ity)	(S	tela)
REMOVAL (Specify) Burial	3/4/61		St. Peter	Clavers		Rid	ge.		Mar	ylan	k
24 FUNERAL DIRECTOR			ADDRESS		25e. REC		RAR 25b. RE	GISTRAR'S	SIGNA	TURE	

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TO HOSPITAL OR A HDING PHYSICIAN: The law requires that the death certify to be executed whin 24 hours after start. Page 4 may be retained by the hospital or attending physician.

\$ \( \times \) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours aftergeath.

W.Clarke Mattingley Leonardtown, Maryland

1444 15 Page 1 . 24 cally institute of the will Imm besolv date. 0 100.0.00 7650 A.D. design and the star of the w The second secon de Syma , averaged 1 . 1. 1 (Especial meliano and to the distance of the second second of the second sec Total to the state of the state TO HOSPITAL OR A MDING PHYSICIAN: The law requires that the death certifies be executed Thin 24 hours after death. Page 4 may be remained by the hospital or attending physician.

S A TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral signed by age 3 should be delached for use as the burial-transit permit. Then please remove carbon papers. Pages Land Z should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2335 CERTIFICATE OF DEATH

1. PLACE OF DEATH	H		2. USUAL RESIDEN	ICE (Where deceased lived, If i	institution: Residence before edmission)
St	. Maryls	MARYLAND		rland	St. Mary's
b, CITY OR TOWN (	(if outside corporate limits, d give neerest lown)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	
Rural Gre		18yrs	Rural	Great Mills	
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF	First	Middle	Lest	4. DATE Month	Day Yeer
(Type or print)	Oscar		Carle Jr.	DEATH Febru	
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years last birthdey)	
Male	White WIDOW		eb. 26, 1908		Months Days Hours Min.
	MILL	CIND OF BUSINESS OR INDUSTR	Y 1 11. BIRTHPLACE (Cou	inty & Stele, or foreign country)	1 12. CITIZEN OF WHAT COUNTRY
dona during most of we	orking life, even if retired)		11, 11, 11, 11, 11, 11, 11, 11, 11, 11,		
Welde	r			Virginia	U.S.A.
13. FATHER'S NAME	•		14. MOTHER'S MAIDEN	NAME	
	Oscar Car	le Sr	Loui	se Lee Marshal	1
15. WAS DECEASED EV	FR IN U.S. ARMED FORCES?   16		NFORMANT	Address	
(Yes, no, or unkown) (	If yes give we ror detes of service)	Man	. 0 01		<b>#</b> ♠ :
Tio detten or i	DE WORKY /F		oscar Carl	e Jr. same	as # 2 above
	DEATH (Enter only one couse per	line for (a), (b), and (c).	1 -		QNSET AND DEATH
PART IL DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rollar an	NIT		vemegliele
134 #	DUE TO A	0 1	1		
Countries of	W.	OF 1 10 101			10 4000
Conditions, if any	(10)	and the	Chais		10 900
(a), staling the u	DITTE TO				· ·
cause lest.	(c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a)   19. WAS AUTOPSY
Ĕ					PERFORMED?
On ACCIDING	AC UNIDEDLYING ET LOOF DE	CONTRACTOR OF COLUMN	/F-1 1 1 1 1 1	D-41 - D-411 - Ch 30 )	I II II III III
OR CONTRIBUTING	AS UNDERLYING [] 20b. DE [] CAUSE OF DEATH [] MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURED	, (Enter neture of injury in	Part   or Pert II of Item [8.]	
20c. TIME OF INJE	JRY Month, Day, Yeer   20d.	INJURY OCCURRED   200, PLA	CE OF INJURY (Home, far	rm, ! 2Df. (City or town)	(County) (State)
20c. TIME OF INJE Hour a.m.	Whit	THOU THING	ary, street, office bldg., et	c.)	
₹ p.m,	19 at wo	rk at work		100	
21. I certify	that (I) (this hospital) after	nded the deceased from.	agent	1920 to tet	P, 196, that (I) (we) las
saw the decea				VIR from the causes	and on the date stated above
22e, SIGNATURE	ALAK	1.0	ATTENDING_	MED. STAFF	276. DATE
	PYK	car Mo M	.D. PHYS.	DIRECTOR PHYS.	2/11/6/
22c. PHYSICIAN'S NAME (Type		).	22d. ADDRESS	Great Mills,	Med
23a. BURIAL, CREMAT	ION, 236, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (Stata)
REMOVAL (Specify)	1	River View		D4 alamand	Va.
Burial	1 2/11/61		05. 00	Richmond	
24 FUNERAL DIRECTO		ADDRESS	25a. RE	C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
W. Clarke	Mattingley Leona	rdtown, Marylan	ad DATE		arthur S. House

a total and a second and a second as 1,--in the first from the CE still from their and the second of the second o 4.1 If also a second week fire to said the fire of a fire or belowered to be a total and a makind whenever the promise (3/8/2 M. Aller State safe south falls. Selso-12 Call 102 (18) on James Handay Langue Langue Loring

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A. C.	

hin 24 hours aft the

TO HOSPITAL OR A. ADING PHYSICIAN: The law requires that the death certifies be executed whin 24 is death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detached. TO HOSPITAL VR A15 (4) 15M 9/60

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	23.10				16314
1. PLACE OF DEA		[] 2	. USUAL RESIDEN		Institution: Rasidenca bafora admission
e. COUNTY	St. Mary's	MARYLAND	e. STATE	formal and	W. 1 . 1
	N (if outside corporeta limits.	c. LENGTH OF STAY IN 16		laryland	St. Mary's ta RURAL end give neerest town)
write RURAL	and give nearest town)	C. ERIGIN OF STAT IN 10	W_	In opinion corporate initial, with	to Notific the gift health form
Leonar		8 days	A Leonardt	own	
d. NAME OF HO	SPITAL OR INSTITUTION (if not	in hospitel, give streat eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	St. Mary's Ho	ospital	1		YES Y NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE Mont	th Day Year
(Type or print)	Louis	Melville	Church	DERTH -	rv 3. 19 61
i. SEX			ATE OF BIRTH	Pebrus	IF UNDER TYEAR IF UNDER 24 HRS.
				last birthday)	
Male			urch 17,188		
Oa. USUAL OCCUP	PATION (Giva kind of work   1 working life, avan if ratirad)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	inty & Stata, or foreign country	12. CITIZEN OF WHAT COUNTRY
Army Ord		U. S. Government	Gardin	ner, Maine	U.S.A.
3. FATHER'S NAME			4. MOTHER'S MAIDEN		Vallada
1997	WARRY W. 11 OI				
	Wallace Chu			E. BOUGURAL I	
Yes no or unkown	EVER IN U.S. ARMED FORCES?   (Ifyasgivawarordalesofservice	16. SOCIAL SECURITY NO. 17. INI	FORMANT	Addres	is
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	The state of the s				ONSET AND DEATH
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11/1		0			0
1 60	DUE TO				
Conditions, if	(-)				
gave rise to imn	DILE TO				
(e), stating the	Buderlying				
	) (c)			DIAL DISEASE SOUTHINGS OF	AFFECTIVE BART IN THE STATE OF
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMED?
Ž					YES NO K
PART II. OT	WAS UNDERLYING   206	. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTI	ING CAUSE OF DEATH	. Describe non interest was a series (			
	TIFY MEDICAL EXAMINER				
20c. TIME OF II	NJURY Month, Day, Year	20d. INJURY OCCURRED   20a. PLACE	OF INJURY (Home, fer	rm, 20f. (City or town)	(County) (Stata)
Hour e.			, streat, offica bldg., et	er) {	
р.	m. 19	at work at work		1	
21. I certify	w that (I) (this hospital)	attended the deceased from. T	edrusty 7	1957, to Februar	5 3 , 19 6( , that (I) (we) last
saw the dec	eased alive on Fellew	445 3 196/ and that d	eath occured at	9.7M, from the causes	and on the date stated above
22a. SIGNATU			A FEB (DA) (O		22b. DATE
	Robert J.	tucks M.D.	PHYS.	MED. STAFF	SIGNE
22c. PHYSICIAI		M.U.	22d. ADDRESS		43/6
NAME (T)		Fuchs M.D.	220. 70071233	Leourd town	- Urol.
30. BURIAL, CREM	ATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City, to	own or county) (State)
REMOVAL (Spec	cify)	D4 12 .		Leavende	
Burial	2/6/61	St. Aloysius		Leonardtown	
4 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	25a. RI	EC'D BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE
W. Clarke	Mottingly La	onard town, Maryland	DATE	EED 0 304	0000
HOTELKE	Maccrusty Dec	DHALG COMU MALATANO	INVIE	FEB 9 '61	and & thous

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DEEE 1----mortes man against St. with a landful -3 The state of the s District of the selection of the selecti Die 18 Care Hitchian . Michell Con treet, aughlen The second contract the second The Administration of the rain & guidan William T. Farricky No. True from the same of the late. and my the file of the first time

TO HOSPITAL OR ATTEN

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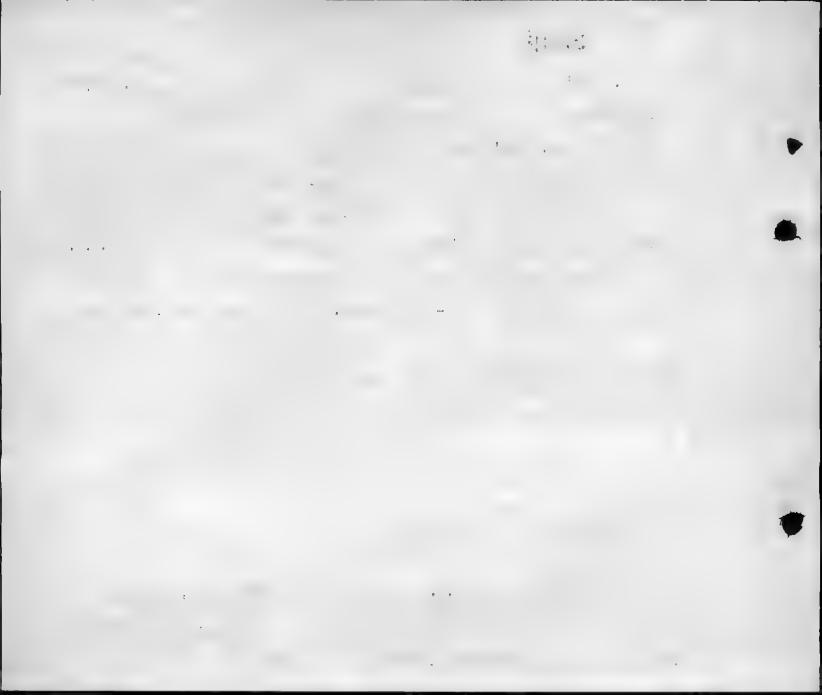
	2337	TH	CERTI	FICA	TE OF DE	ATH	<b>+</b> -			0.00	020	,
o. COUNTY	ST. MARYS		MAR	YLAND	o. STATE	ARY		l lived. If institut b. COUNTY			odmissio RYS	5)
RURAL and give n	If outside corporate limits earest lown) RDTOWN	, write	c. LENGTH OF STAY	r IN 1b	W .		outside corpor	PARK	RURAL and	give neon	asi lawn)	
OR INSTITUTION	TAL (If not in hospital, gives T. MARYS	HOSP			d. STREET AD		32				IS RESID ON A F YES	ARM?
NAME OF DECEASED (Type or print)	ALFR:	ED	Middle		DAVIS		4. DATE OF DEATH	FEBRUA		14	Ye	ar <b>61</b>
MAKE.		7. MARRIE	D NEVER MARR		6/24/]	1908		9. AGE (In years last birthday) 52 <b>33</b> yrs.	Manths	Doys	F UNDER Hours	24 HRS Min.
LAB(	ON (Give kind of work do king life, even if ratired) OR		NSTRUCTI		SOU!	TH C	AROLI		12.CI1	USA		UNTRY
. FATHER'S NAME	ALFRED DA	VIS			14. MOTHER'S	_	VAME BURNE	TT				
WAS DECEASED EVENTON OF UNKNOWN)	R IN U. S. ARMED FORC [If yes, give wor or dates of ser		OCIAL SECURITY NO	0. 17. INI	FORMANT	ATI	MES -	LEXINGT	iress	ARK.	Md	
Conditions, if a gove rise to couse (a), stating lying cause lost.	the under DUE TO				•							
	HER SIGNIFICANT COND	ITIONS <u>CO</u>	ENTRIBUTING TO DI	EATH BUT I	NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GI	VEN IN PAI		WAS AL PERFOR/ YES []	MED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI Hour a. m, p. m.	AS UNDERLYING [] 2 G [] CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCR	RIBE HOW INJURY (	OCCURRED	). (Enter noture of	injury in	Part   or Port	Il of item 18.)				
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Year 19	20d. INJ While at work	Not while		CE OF INJURY (H tory, street, office			ar town)	(	(County)		(Stote
21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	to (1) (this haspital) sed alive an Fellow, H. PAT	attende 144 Pata IRICK	. / .	d that de	eath occurred  ATTENDING PHYS.  22d. ADDRES	M M	M, fram  ED.  RECTOR D	STAFF PHYS.		, tha e date : 2/1	stated o	
BURIAL, CREMATIC REMOVAL IS PECIFY BURIAL	2/17/6	1	23c. NAME OF CEA	AETERY OR	ST CEM.			ION (City, town,	or county)	Md.	(State)	
P.B.ROB		ONARI	ADDRESS DTOWN N	ld.			EB 2 4	101	ISTRAR'S SI			

PART OF TO THE PARTY OF THE PAR STRAIN AS A CONTRACTOR OF THE STREET SYR-II . . . The State of the S DE ST YOUNGER STATE -- DISTALL a mayer - and and DE CARLES DE L'ANTE L'ESTRET SERVICE DE CARLES DE CONTRE DE CARLES Company of the second AN ATTACHMENT OF THE LAND OF THE STATE OF TH T. D. Story - Manhall - No. 2008.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY a. STATE the d MARYLAND b. CITY OR TOWN (if outside corporets limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neegest town) pue by write RURAL and give nearest town) Leonardtown da .= 1050 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO completely NAME OF 4. DATE Month Dev DECEASED OF (Type or print) DEATH 196 Va 225 carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH lest birthdey) and Months Hours eventy WIDOWED [ physician 12. CITIZEN OF WHAT COUNTRY? remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRPHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .드 aftending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unknown) | (If yes give wer or detes of service the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (e) signed burial-transit DUE TO Conditions, If any, which (b) geve rise to immediate cause DUE TO (a), steting the underlying has PHYSICAL the hospital or all this certificate has the E cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 0 NO To 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the His DIRECTOR: After this 3 should be detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19 ....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING PHYS. SIGNED MED. STAFF DIRECTOR PHYS. death. Page 4 of FUNERAL I director, page be filed with the 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 238. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 1547191 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) tingley heonardtown

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

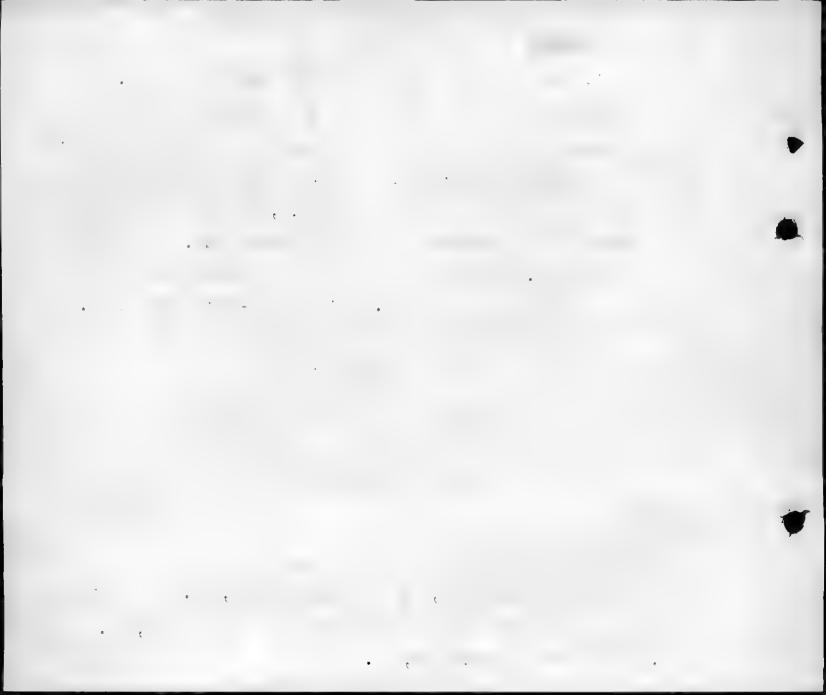


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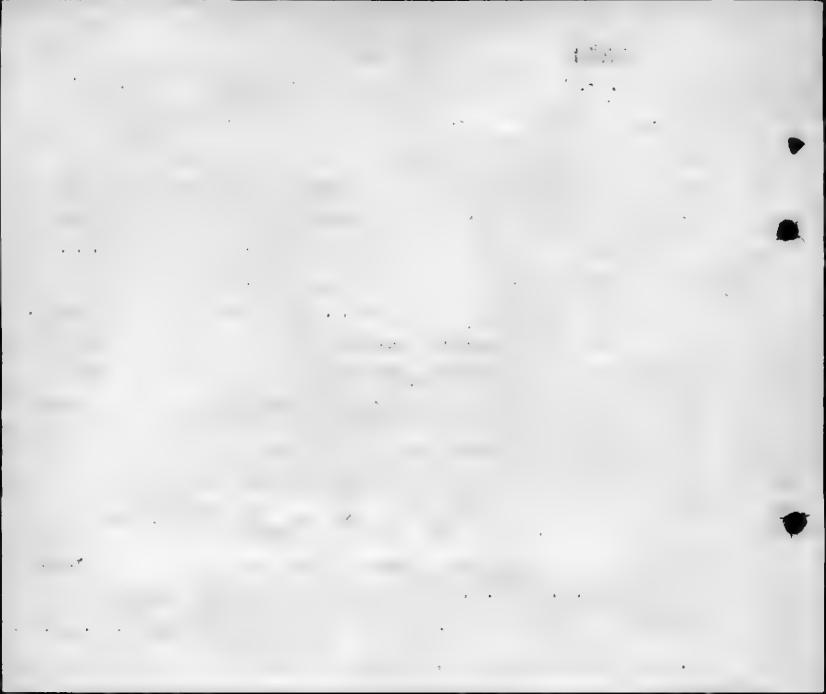
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2340		CERTIFI	CAT	E OF DEATH			02	318	
1. PLACE	OF DEATH					2. USUAL RESIDENCE (Wh	ere decease		on Residence b	efore admis	sion)
	S	T. MARYS		MARYL	AND	MARYI		6. COUNTY		MARYS	
b. CIY	Y OR TOWN (If a RAL and give near	utside corparate (imi est tawn)	its, write c,	LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If o	utside corpo	orate limits, write R	URAL and give	nearest low	n)
d 514		NARDTOWN  (If not in hospital, g				LEONA  d. STREET ADDRESS	RDTO	WN		45.55	CIDENICE.
OR	INSTITUTION		live singer our	11.622)		/	-			ON A	SIDENCE A FARM?
3 NAME		URAL Fir		Middle		RURA Lost	4. DATE		al.		Year
DECEA	ASED or print)	ELEAN		MARGAR	ਦਾਸ਼ਾ	FLOYD	OF DEATH	FEBRUA		Day	1961
5 SEX		COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH		9. AGE ( n years	IF UNDER TY	AR IF UND	
	F	W	WIDOWED			IANUARY 23.	1880	lost birthdoy)	Months Do	rs Hours	Min.
10a USU.	AL OCCUPATION	(Give kind of work i	done 10b. KIN	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12 CITIZEN	OF WHAT	COUNTRY
00111				OMESTIC		WASHING	TON.	D.C.	U	SA	
13. FATHE	ER'S NAME					14. MOTHER'S MAIDEN N					
	J	OSEPH H.	MILL	DR			EL		UE		
(Yas, no. or	unknown) (If	N.U., S. ARMED FOR yes, give wor or dotes of s		CIAL SECURITY NO.	_	ORMANT		Add			
	NO		- 1		F.	ERICH FLOY	ש-	LEONARD.		Md.	
16.	PART I DEATH	Enter only one co WAS CAUSED BY:	/4	ar (o), (b), and (c).)	013	t- 1	1100	1		NTERVAL BI	
1	1 - "	MMEDIATE CAUSE (o		we ac	KUL	reon y	Her	<i>.</i>			
Ca	nditions, if any	which \	6/2	rmie 5	2200	along Dit					
gav	ve rise ta lmr	mediate ( DUE TO			CP YOU	good with					
	se (a), stating the ig couse last,	Under-	:}			•					
NO.	PART II OTHER	SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	FN IN PART 1(	19 WAS	AUTOPSY DRMED?
IS										YES [	] NO [
[] (IF EI	ACCIDENT WAS CONTRIBUTING E ITHER, NOTIFY M	UNDERLYING D CAUSE OF DEATH EDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Part I or Po	rt II of item 18)			
WEDICAL 20c. 1	TIME OF INJURY	Manth, Doy, Ye			20e. PLAC	E OF INJURY (Home, farm ry, street, office bldg., etc.	, 20f. (Cit	y or town)	(Cour	ity)	(Stote)
WED	Hour e.m.	19	While of work	Not while of work	10010	, sireer, orrive orag., etc.	1	/ 2			
21	certify that	(I) (this haspital	l) attended	the deceased f	ram	1/5 18	5_7.ta	1//8	19.61	that (I)	(we) last
saw	the decease	d alive an	117	19 6/, and t	that de	ath accurred at 23	M, fram	the causes ar	id an the d	ate stated	d abave
220	226 SIGNATURE // // 226 DATE									S GNED	
22c	PHYS CIAN'S NAME (Type)					22d ADDRESS				4 4	
		CHARLES	GREEN	WELL, M	D	LEONARI	MMOL	, Md.	<u> </u>	/19/6	51
	IAL, CREMATION	23b. DATE THEREC	OF 1	3c NAME OF CEMET	TERY OR	CREMATORY	23d LOCA	ITION (City town,	or county)	(Sto	tel
RI	QVAL (Specify)	4 = 4 = = 4			***			017 . 5 - 5 -		, , ,	,
24 611615	dthe Ave	1/21/	61	OUR LAD	YS (	CEMETERY		ONARDTO		•	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. funeral 124/61 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before edmiss on e. COUNTY St. Mary's St. Mary's MARYLAND b. CITY OR TOWN (if outside corporete limits. c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) McKays Beach . Leonardtown St. George Island months filled d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, a ve street eddress) e. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Josephine May Hamacher February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. 8 DATE OF BIRTH lest birthday) Months Days WIDOWED T Female 10e. JSUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) washington, D.C. physi House wife U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Archibald Burgess Alice Turpin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn). Ilfvesquewer or detes of service) physician. McKay's Beach Leonardtown, Md. Mrs C.A.Franks 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN signed by ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO (6) gave rise to immediate cause DUE TO certificate ha PERFORMED? NO F prior USB 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dev. Year Not While factory, street, office bldg., etc.) et work et work may be retain DIRECTOR: ..., 1944., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... ... and that death occurred attach from the causes and on the date stated above. saw the deceased alive on ...... 22e SIGNATURE ATTENDING STAFF TO HOSPITAL death. Page 4 r PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. Bean M. Great Mills, Maryland 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2/9/61 Ft. Lincoln है हैं 3201 Bladnsbrg Rd.N.E.Wash.D.C. 25#, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland Chilling & Traces



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H	2	ਹ	4	U

	TO HOSPITAL OR ATTEND PHYSICIAN; The low requires that the death certificate be extended within 24 ha officer death. Page 4	that or attending physician.	or TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shawat-be-filed with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.	
Ţ	S TO HOSPITAL OR ATTEND PHYSICIAN; 1	way be retained by the T tall or attending	TO FUNERAL DIRECTOR: After this certificate	page 3 should be detached for use as the bu	the State Board of Health prior to burial, crer	
	15	M	7/9	17		12

	MAN A C	QEIXIII IQI			*
1. P	ACE OF DEATH COUNTY		2 USUAL RESIDENCE (Where deced		ce before admission)
D.	St. Marys	MARYLAND	Maryl and	St.	Marvs
Ь	CITY OR TOWN (If autside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car	porate limits, write RURAL and g	17
	RURAL and give nearest lown)  Leonardtown		X Leonard	tours	
ď	NAME OF HOSPITAL (If not in hospital, give str	reet oddress)	d. STREET ADDRESS	LOVILL	e IS RESIDENCE
	St. Marys Hosp	1+07			ON A FARM?
3 N	AME OF First	Middle	Lost 4. DATE	14	A
D	ECEASED		OF	N 73 2	Day Year
5. 51	· · · · · · · · · · · · · · · · · · ·	VINCENT	HAYDEN, Jr. DEAT B. DATE OF BIRTH	T. GDITTISIL A	3 19 6
3. 31			b. DAJE OF BIRTH	lost birthdoy) Months	Days Hours Min.
	, , , , ,	OWED DIVORCED	August 12,1876	84 yrs.	
TUa.	USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY   11 BIRTHPLACE (State or lareign	country) 12 C1712	ZEN OF WHAT COUNTRY
_	Dentist	Dental	Maryland		USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Charles V.	Hayden, Sr.	Marva Stone	e Alston	
15. V	VAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF	NFORMANT	Address	
	no	I	Edward H. Long -	- Leonardtown	. Md.
	B. CAUSE OF DEATH [Enter only one couse po				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Corebral House	whacs.		ONSET AND DEATH
	DUE TO	Cerebral Heur	0		
	Conditions, if any, which )	P 13-14 C	erebral arteriose	Pesus Le	Jane to
	gove rise to immediate	James gon - a	swin wysonos	ww-sy's	general - 14
	cause (a), stating the under-				
zŀ	PART II OTHER SIGNIFICANT CONDITIO	NE CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINIAL DIES.	ASS CONDITIONS GIVEN IN BADT	Toller WAS AUTOPSY
CATION	TAKER STREET STORMING AND COMMING	NA CONTRIBUTING TO DEATH BUT	HOT KEDVED TO THE TERMINAE DISE	ASE CONDITION GITEN IN PART	PERFORMED?
	TO ACCIDENT WAS UNIOSOLVINO ED 1201	DECEDIBE HOW IN HURY OFFICERS	C. (Consequence of Livering Post Los P	took (L of Store 10.)	YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. CAUSE OF DEATH 21F EITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	the section of the se	
N S		C-	ACE OF INJURY (Hame, farm, 20f. (Cotory, street, office bldg., etc.)	ity or town) (C	County) (State
MEDICA		hile Not while ro	ciory, street, office blog., etc.,		
	21 I certify that (I) (this haspital) att	anded the decoared from	Febr. 2 1061 in	Fals. 3, 196	/ that /// (wa) law
	saw the deceased alive an Fally	. 3 106/	death accurred at PAM, fram	- 4	z_; mor (r) (we) ros
E E	220 SIGNATURE	asaara 1794, 7 ana mar c	death accorred disam, Iran	n the causes and an the	22h DATE
		Fuchs	M.D. PHYS. MED DIRECTOR [	STAFF PHYS	SIGNE
	22c. PHYSICIAN'S		22d. ADDRESS		70/0
	NAME (Type) Robert Fuch	ns.	Neone	ratorn	Ind.
230	BURIAL CREMATION 236, DATE THEREOF	23c. NAME OF CEMETERY O	P CREMATORY 224 100	CATION (City, town, or county)	(Stote)
	REMOVAL (Specify)	G1 15			3.5.7
24 3	UNERA BURETOR'S SIGNATURE	ADDRESS	781119 Cem. I	ISTRAR 256, REGISTRAR'S SIG	NATURE
14	A DANIELEM	•	EEB 0	161 arthur L.	
-	TEATODINSON - In	eonardt.ovm "Nö	DAIL DAIL DAIL	0.	



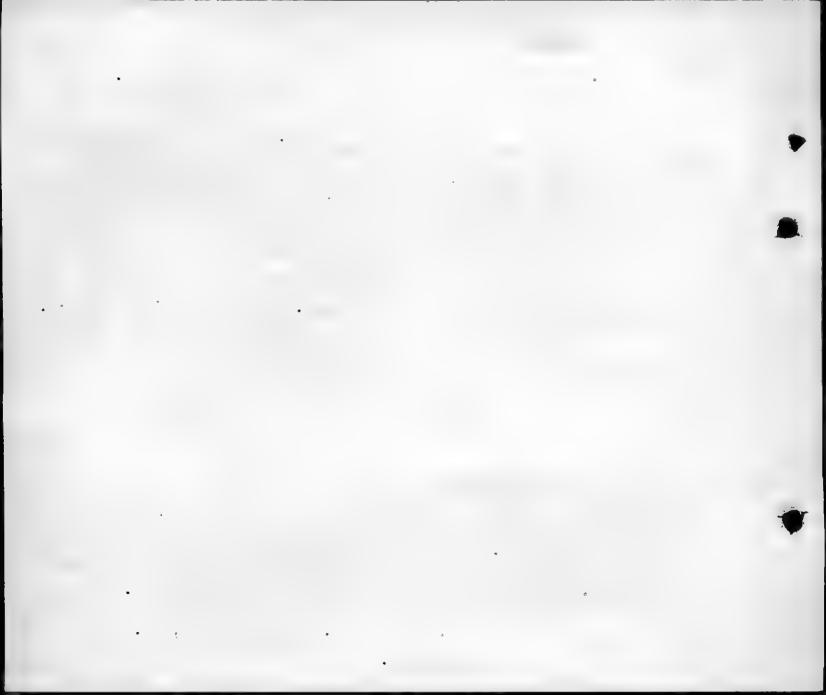
W. Clarke Mattingley Leonardtown, Maryland

00 .5 alld physic please affending Then O HOSPITAL
death. Page 4
O FUNERAL Q L VR A15 (4) 15M 9/

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2344 CERTIFICATE OF DEATH

0232

		LACE OF DEATH L. COUNTY St. Marys	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl:	ere deceased lived If institution b. COUNT							
	ь	a. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IVIECTIONICS VILLE	c. LENGTH OF STAY IN 1b	a.	nicsville	RURAL and give ne	earest town)					
	C	d. NAME OF HOSP TAL (If not in hospital, give structure or institution Rural	eet oddress)	d) STREET ADDRESS Rura		e IS RESIDENCE ON A FARM? YES NO 🍱						
		NAME OF First DECEASED Type or print) Deceased Type or print) Deceased M	aguire H	olt	4. DATE MOF DEATH Febru		Year 19 61					
	5. S	EX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 27	9. AGE (In year lost birthdoy)	Months Doys	R IF UNDER 24 HRS Hours Min.					
\	10o.	. USUAL OCCUPATION (Give kind of work dane 1 during most of working life, even if retired)	06 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12 CITIZEN C	F WHAT COUNTRY?					
	1	Labor	General	Maryla	nd	Ţ	JSA					
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
		Leonard Holt		Unknow	n							
		WAS DECEASED EVER IN U. S. ARMED FORCES? I, no. or unknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	NFORMANT	Ac	ldress						
		no	W	ingate H. H	olt - Mecha	nicsvill	le, Md.					
		18. CAUSE OF DEATH [Enter only one couse pe	er line far (a), (b), and (c).]	S &			TERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY. Internal the markoge-q.i.										
		57 % X DUE TO		()								
		Canditions, if any, which (b)										
		couse (a), stating the under DUE TO										
	_	lying couse last. (c)										
e.	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NOTE: Lie 20 (100 \( \text{Lie 20} \) (100 \( \text										
	CERT	20d. ACCIDENT WAS UNDERLYING [] 20b. ( OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I ar Part II of item 18 )							
	MEDICAL		£_	ACE OF INJURY (Hame, form	20f. (City or town)	(County	(Stote)					
	MED		hile Nat while work ot work		1/4							
		21 I certify that (I) (this haspital) offer	ended-the deceased fram	Jan 19	10 Jel-	19/4/1	that (I) (we) last					
		saw the deceased alive on	19(c) (and ther)	death occurred at	M, fram the causes	and an the dat						
		220 SIGNATURE	p If.	ATTENDING M	ED STAFF		22b.DATE SIGNED					
		fray y	mysher .	M.D PHYS ST DI	RECTOR STAFF	2/	/7/61					
		22c. PHYSICIAN'S NAME (Type) J. Roy Guy	ther, MD	22d. ADDRESS Mec	hanicsville	, Md.						
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	, or county)	(State)					
		REMOVAL (Specify)  Durbab / 2/9/61	St. Josep	h Cem.	Morganza,	Md.						
	24	The Adjust of Especial	ADDRESS "	25a. REC	D BY REGISTRAR 256. RE	GISTRAR'S SIGNATI						
		P.B. Robinson - Lec	nardtown. Md.	DATE		- TU	LAULE					



VR A15 (4) 15III 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2345 CERTIFICATE OF DEATH

_ 1	7017 417										
	i. PLACE OF DEATH e. COUNTY			RESIDENCE (Where deceased lived, If Institution: Residence before edm							
	St. Mar Its	MARYLAND	e. STATE	yland	St. Mary's						
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			write RURAL and give neerest town)						
41	Leonardtown	3days	Rural	California							
- 1	d. NAME OF HOSPITAL OR INSTITUTION (IF not In hos		d. STREET ADDRES		I e. IS RESIDENCE						
,					ON A FARM?						
The L	St. Mary's Hospit	al	1 4		YES NO X						
	3. NAME OF First DECEASED	Midd e	r/g2t	4. DATE	Month Day Year						
1	(Type or print)	Lucy	Jordon	DEATH Fe	3. 1961						
	5. SEX 6. COLOR OR RACE, 7 MADDIE		DATE OF BIRTH		years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARKIED	OF CE OF SINTE	lest birth							
	Female   Colored   WIDOWED   Jan. 1, 18   X 91 69 87 vrs.										
	108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & Stete, or fore an country)   12. CITIZEN OF WHAT COUNTS										
	done during most of working life, even if refired)										
	House wife		14. MOTHER'S MAIDE	Marylan	dU.S.A						
	13. PAIREK S NAME		14, MUTHER'S MAIDE	IN NAME							
TI	Louis ?		?	? ?							
킈	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Ac	dress						
	(Yes, no, or unkown) (Ifyes give wer or detes of service)	T.a	uda Walla	1	. Manual and						
	I to GRUGE ON DERMIN II-		uis Holly	Leonard tow	n, Maryland						
	18, CAUSE OF DEATH [Enter only one cause per l	Ine for (e), (b), end (c).)	010	1 (1)	ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY I TEMPS TO E ME Shulldown day										
	412 1 DUE TO 1										
	a a viral la sometiment dans										
	Conditions, if eny, which geve rise to immediate couse										
	(e), steting the underlying DUE TO	(e), steting the underlying DUE TO									
	ceuse lest.	7730									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) WAS AUTOPSY PERFORMED?										
	ZO PART II. OTHER SIGNIFICANT CONDITIONS CON				YES TO NO TO						
	S	COLOR HOLL IN OCCUPED	/Patra nations of Jail our	on Donk Law Donk II of How 59							
	206. ACCIDENT WAS UNDERLYING   206. DES	CRIBE HOW INJURY OCCURED	fruide usinia or milats.	IN FERT FOR TOTAL TOTAL TO	*1						
	20c. TIME OF INJURY Month, Dey, Year 20d. While Hour e.m. 19 at wor			erm, 20f. (City or town)	(County) (State)						
	Hour e.m. While at wor		ory, street, office bldg.,	PIC.]	3						
	≥ p.m. 19 at wol	K al work	1/2		1/2						
	21. I certify that (I) (this hospital) atten	ded the deceased from		, 196. f. to	(, , , 19.6./, that <u>(I) (</u> we) last						
	saw the deceased alive on	3 19. Q / , and that	death occured at	A.A.M. from the cau	uses and on the date stated above.						
1	228 S CHATURE	-#		7-11	Z2b. DATE						
j	himsellh	1/1/5	ATTENDING PHYS.	MED. STAFF	SIGNED						
ji .	Firmes U John	LV C	D. PHYS.	DIRECTOR THIS.	17/6/						
	22c PHYSTCIAN'S NAME (Type)										
	JE	rboe_M.D.	Kik Gi	eat Mills,	Maryland						
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C)	ty, town or county) (Stele)						
	Burial (Specify) 2/6/61	Holy Face Cem	eterv	Great Mil	ls. Maryland						
		ADDRESS			REGISTRAR'S SIGNATURE						
	24 FUNERAL DIRECTOR'S SIGNATURE										
	W. Clarke Mattingley Leonard	town, Maryland	DATE	FEB 9 '61	Citting & Frank						

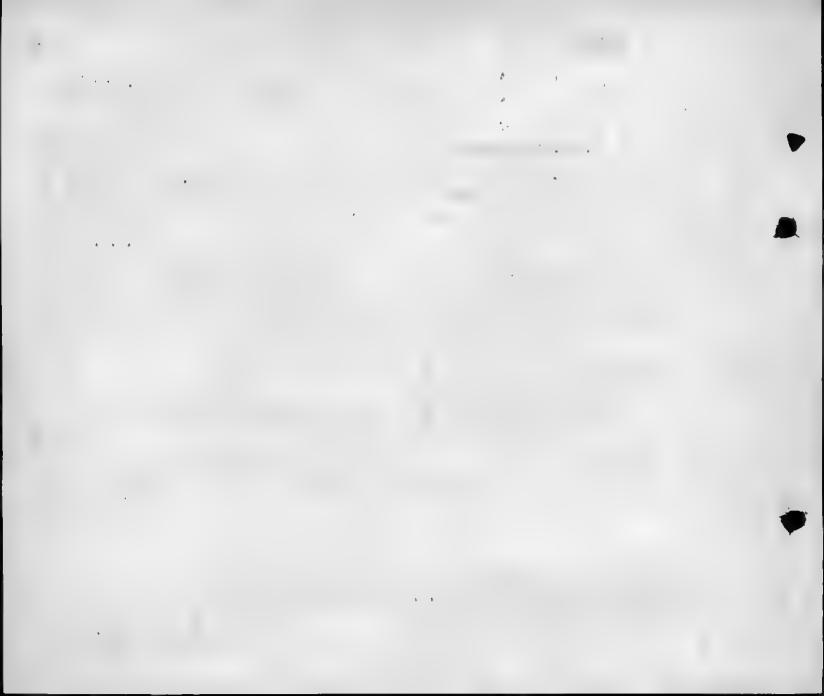


ESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) e. COUNTY **b.** COUNTY St. Marv's b. CITY OR TOWN (if outs'de corporete limits. MARYLAND c. IFNGTH OF STAY N 16 CITY OR TOWN (if outs de corporete | mits, write RURAL end give neerest town) write RURAL and give neerest town St. Mary s/Mospital/ .E Leonard town
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 4days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K St. Mary's Hospital ME OF Middle 4. DATE ECEASED (Type or print) 19 61 DEATH February G La Joie Raymond 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER TYEAR) IF UNDER 24 HRS. last birthdey) WIDOWED DIVORCED T Aug. 8, 1899 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New Hampshire Seminary College Instructor phys 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Marie Phaneuf Nelson D. LaJoie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [ (If yes give wer or deles of service) L. Handran Rt. 1 Box 362 Sarasota, Florida 18. CAUSE OF DEATH [Enter only one cause per line for ,e), (b), and (c).] Conoung Thromanis ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Epter neture of in ury in Pert I or Part I, of Item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) While Not While at work et work 22e. SIGNATURE O HOSPITAL death. Page 4 r 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LEXINGTON CARK 236. BURIAL, CREMATION, | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town or county) REMOVAL (Specify) Arlington National Arlington . Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chilmy S. Hines 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland

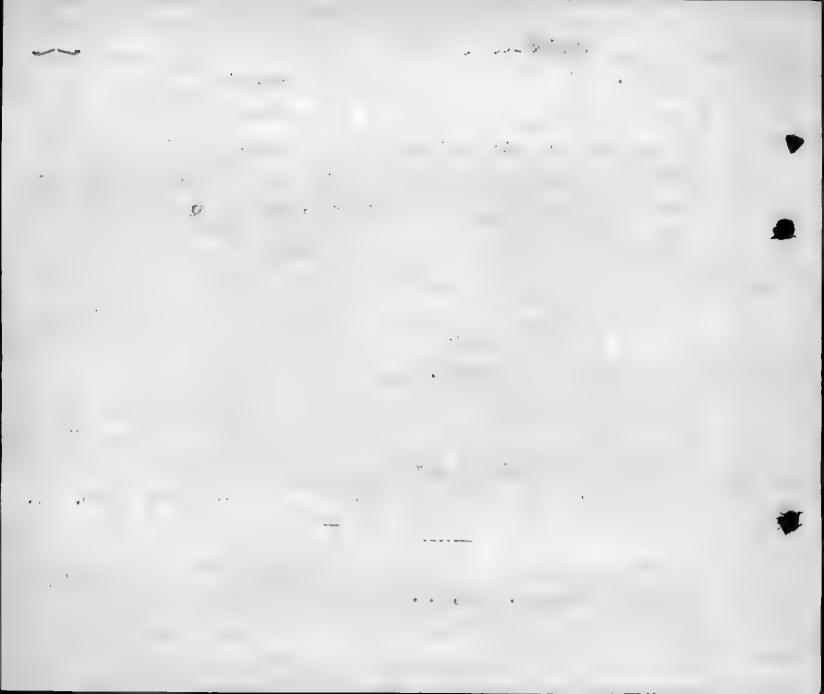
MARYLAND STATE DEPARTMENT OF HEALTH



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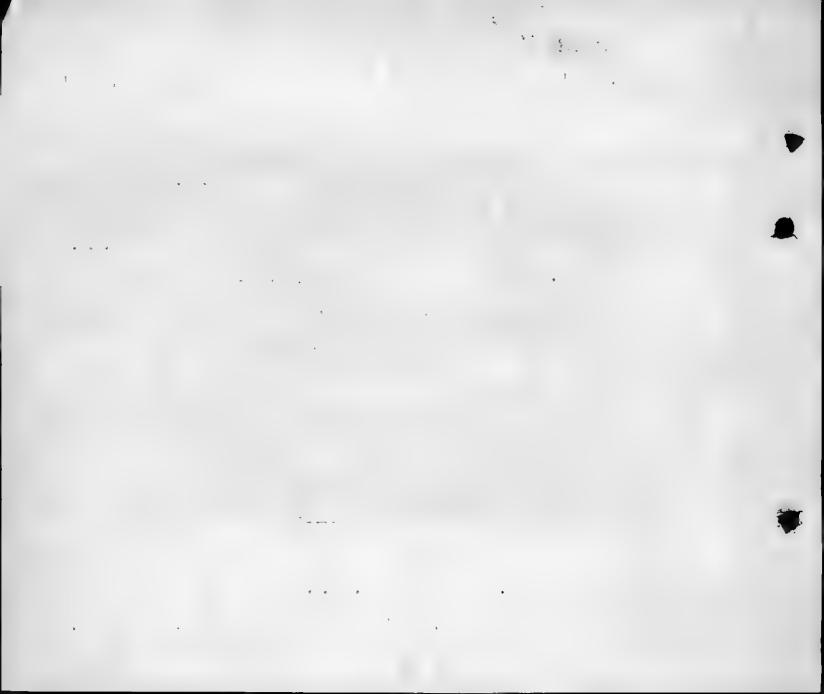


MARYLAND STATE DEPARTMENT OF HEA 301 W. PRESTON STREET, BALTIMORE 1, MARY Division of STATISTICAL RESEARCH AND RECORDS. MODICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ly is necessary, I director. Page a. COUNTY Health, **b.** COUNTY a. STATE Marvis Maryland MARYLAND b CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and a ve negrast town) for your 40 Greenhaven Near Cedar Point d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? to the funeral Patuxent Naval Air Station Hospital Catherine Street YES NO 3 NAME OF DATE Year DECEASED OF (Type or print) DEATH RICHARD MACK February LI ¥i!¥ 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX AGE (In years and 3 and 2 w 2 will lest burth day) Months Jamiary 8 White WIDOWED [ DIVORCED IDe. USUAL OCCUPAT ON (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Nin Pin pages Office along with form PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyesgiveweror detes of service) Bonnie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia DUE TO Drowning (b) gove rise to immadiata cause DUE TO (a), steting the underlying 20 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 1 19. WAS AUTOPSY PERFORMED? 28 YES IK NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fell off barge ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s Month, Dey, Year 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., atc.) While Not Whila Sparrows Point Balto. Md. 19 60 at work or at work Barge 21. I certify that I took charge of the remains described above, held an Autopsy | Xi Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident DEPUTY MEDIC CHIEF MEDICAL EXAMINER [ ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) Address (Street, city, lown, or county) 22a. BURIAL, CREMATION, REMOVAL (Specify) ò 40 A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH

4	Lte	em 18 Fil	m 287 2-2'	MARY	LAND STATE	DEPARTMEN	T OF HEAL	TH		
		Division of	STATISTICAL	RESEARC	CH AND RECORD		STON STREET,	BALTIMORE	1, MARYL	AND
FOR STATE			235 (MED	DICAL	<b>EXAMINER</b>	S CERTIFIC	ATE OF	DEATH	-023	328
IEALTH DEPT.		PLACE OF DEATH	~ 00 <b>0</b>			2. USUAL RES	IDENCE (Where dec	eesed lived, If institut	ion: Residence I	before edm ssion)
Page V	4	St.	Mary's		MARYLAND	e. STATE		b. COUNTY		
SS C. C. S. S. C. C. S. S. C. C. S. S. C. C. C. S. S. C.		b. CITY OR TOWN (	f outside corporate I mi	ts,	c. LENGTH OF STAY IN 16		i <b>ryland</b> IWN (If outside corpo	rete limits, write RURA	St. Mai	rest town)
2 9 5 6	F	write RURAL end Rural Hol	lywood		Life	Rural	Hollywo			
y is or y				if not in hospi	tel, give street address)	d. STREET ADE		ood		e. IS RESIDENCE
deral						1				ON A FARM?
Station		NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Dey	Year
or the		(Type or print)	Jame:	s	Leonard	Reddmond	OF DEATH	Feb.	0	19 61
<b>電影が生物</b>	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers   FUN		UNDER 24 HRS
and and ma	_	fale	White	WIDOWED	DIVORCED K	April 10,	1904	A 5 (yrs. Mont	ths Days H	lours Min.
and 5.	10a dos	. USUAL OCCUPATI	ION (Give kind of work	10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State of foreign coun	fry) 12	. CITIZEN OF W	HAT COUNTRY?
E IA DI WEST		Farmi					Maryland		U.S.	A.
24 hour Pages With	13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME	_		
Girin Give		Jo	seph B. Re	admond		Lucy	Pilkerton	n .		
fire for F	15. (Ye:	WAS DECEASED EV s, no, or unkown)   (li	ER IN U.S. ARMED FOR Fyesgivewerordetesofs	CES? 16. SC ervice)	OCIAL SECURITY NO. 17.	INFORMANT		Address		
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in the sit p			EATH Enter only one H WAS CAUSED BY:	cause per line					ONSET	AL BETWEEN
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files pen amir sed m, c	z	PART II. OTHER	(c) (c) S GN FICANT CONDE	TIONS CONTI	RIBLTING TO DEATH BUT N	NOT RELATED TO THE	TERM.NAL DISFASE CI	OND TION GIVEN N	PARTIAL 10	WAS ALITORSY
P C C C C C C C C C C C C C C C C C C C	CERTIFICATION									PERFORMED?
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Shoot is	CERT	PRIMARY or CO CAUSE OF DEATH	NTRIBUTING							
Ting hier bund	3	20c. I.ME OF INJU	RY Month, Dey, Ye	er   20d. IN	JURY OCCURRED 200. P	LACE OF INJURY (Hom	e, ferm, 20f. (City of	or town)	(County)	(Slete)
Pag of	MEDICAL	Hour e.m.	10	While et work	Not While fe	clory, street, office bld	g., elc.)			
Siete Siete	~		at I took charge o	, .	ins described above,	neld an Autopsy 3	Inspection	, Inquiry	and in	my opinion
を見るなっ		death resulted f	rom: Natural ca	uses .	Accident . Su	icide . Homi	cide [], Und	etermined manne	÷	, .,
DIC arde			1		/	CHIEF MED	ICAL EXAMINER		_	
orw bed		ACTUAL SIGNATURE	1	101	1111	M,D. ASSISTAN	T MEDICAL EXAMINES		DAT	E SIGNED
SAL Sal		EXAMINER'S	-	T.T. D	10	DEPUTY MI	EDICAL EXAMINER			122 1/2
DEPUTY MEDICA hase execute the certification of forwarded should be forwarded fix designated agent,		NAME (Type)				Jr., M.D.	treet, city, town, or co	unfy]		11/61
DEPU sase ex should FUNE its des		REMOVAL (Specify)	N. 226. DATE THERE	OF 2:	2c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (Cily, town, or co	uniry)	(Slete)
0 g 4 0 g		ourial	5/13/01		St. John's			wood,	Mo	i.
VS. A15ME		FUNERAL DIRECTO			ADDRESS		REC'D BY REGISTRA		R'S SIGNATURE	
5M 7/59	N a	Ularke M	attingley l	Leonard	itown, Maryle	and DA	FEB 1 4 '6	1 Total	w 8 H	



TO HOSPITAL OR AV NDING PHYSICIAN: The law requires that the death certifies be executed in 24 hours after death. Page 4 may be the hospital or attending physician.

To hospital or the hospital or attending physician.

To runteral death After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removeration papers. Pages 1 and 2 mould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any fivent, within 72 hours after death.

MARVIAND CTATE DEPARTMENT OF HEALTH

MARILAND SIATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
CERTIFICATE OF DEATH	0222

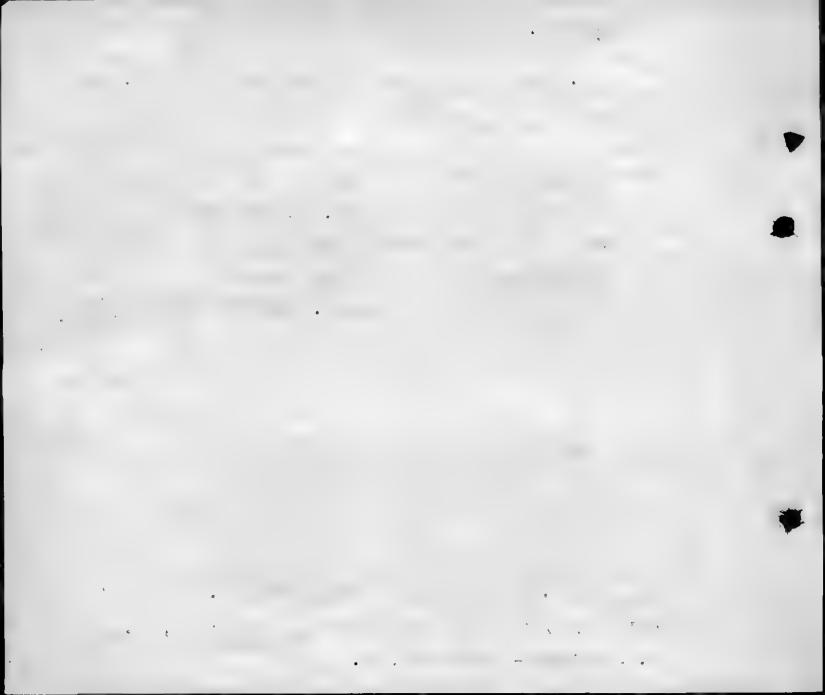
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)					
St. Mary's MARYLAND b. CITY OR TOWN (I outs de corporete simits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	e. STATE Maryland St. Mary's c, CITY OR TOWN (f outside corporate limits, write RURAL and give neerest town)					
Rural St. George Island Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Rural St. George Island d. STREET ADDRESS ON A FARM? YES \( \) NO \( \)					
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5	Death J. Date Month Dey Yeer OF DEATH SKX Fob 26 1961  9. AGE (If yeers If UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.					
10e USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Sept. 25, 1889 71 yrs.					
House wife Home	Maryland U.S.A.					
Alfred Poe  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	Maey Elizabeth Downes					
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause  DUSTO  DUSTO  DUSTO  CONDITIONS  DUSTO  DUSTO  DUSTO  DUSTO  DUSTO  DUSTO  DUSTO  DUSTO	Washington 21, D.C. Washin					
ceuse lest. (c)	DYREVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	Fenter neture of injury in Perf t or Pert !! of item 18 )					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slete) ory, street, office bldg., etc.)					
21. I certify that (!) (this hospital) attended the deceased from.	death occurred at 3.7 M, from the causes and on the date stated above.					
22a. SIGNATURE	D. ATTENDING MED. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED					
NAME/(Type) James Jarkoe M.D.	Great Milks, Maryland					
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVA (Specify) Burial 3/1/61 St. Francis						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
W.Clarke Mattingley Leonardtown, Maryland	d DAMAR 2 161 Chithur & Henre					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 63311 OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) b. COUNTY St. . COUNTY Fr death, If any deady is necessary, and 3 to the funeral director. Page i may be retained for your files.

2 with the State Board of Health, Maryland Marys MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate | mils, write RURAL and give nearest town) write RURAL and give nearest town) Callaway Callaway d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Rural Rural YES NO death. 3. NAME OF Yeer DATE Month Middle DECEASED OF (Type or print) DEATH February 61 ALBERT 19 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH IF LINDER 24 HRS. last headhdey) Months Days 665 74. WIDOWED X Sept. DIVORCED 1893 PM3. Page 5 r PM3. Page 5 r pages 1 and 2 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country) 12 CITIZEN OF WHAT COUNTRY? "in pencil in Ihem 18. Give Pages Coffice along with form PM3. Page burial-fransii permit. File pages 1 an noval, and in any fivent vithin 72 done during most of working life, even if retired? USA Labor Maryland This certificate should be executed within 24 hour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Watts Dennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) Westwood Ave. 2212 Smith Alice V. Baltimore REER MOLEWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: (SEVERE LMME IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) "pending" as a gava rise to immediate cause DUE TO (e), stating the underlying Medical Examiner ö (c) cremation, PART I, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be NO A YES 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in usy in Part I or Part II of item 18.) XAMINER: burial, CALSE OF DEATH ON 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While prior to WED el work et work 19 G 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 4; Inquiry 4 and in my opinion agent, p Surcide Homicide Undetermined manner O DEPUTY MEDICA death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER [ designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 11/61 **EXAMINER'S** Leonardtown Mdey D. Boyd MD NAME (Type) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 226, BURIAL, CREMATION. 226. DATE THEREOF REMOVAL (Specify) 0 Holy Face Great Mills. Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR VS. MISME SM 7/59 P.B. Robinson - Leonardtown. DATE

RYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES X NO

> 19 61

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

GNED

, that (I) (we) last

Maryland

[County]

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

arthur S. Hraus

FEB 21 '61

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

FOR STATE HEALTH DEI TO DEPUTY MEDICAL AXAMINER: This certificate should be executed within 24 hour and death. If any death is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 7.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

18-20

Film

591

Division	2354MED	ICAL EX	AMINE	RDS, R'S	CERTIFICA	N STREET,	BALTIMO	DRE 1, MA	0233	19.	
1. PLACE OF DEA	TR			-	2. USUAL RESIDEN	ICE (Whata dec	easad livad, If	institution: Rasio	lenca bafore a	dmission)	
a. COUNTY	α				a. STATE b. COUNTY						
b. CITY OR TOWN	Ot. Mary S N (if outside corporate limits, and give nearest town)	c. LEN	IGTH OF STAY II	-	c. CITY OR TOWN		Mary s	n)			
Piney F		not in hospital, giv	16 yrs.		Pine d. STREET ADDRESS	y Point	*			SIDENCE	
State H	lighway 249				1				YES [	NO TO	
NAME OF DECEASED	First		Middla		Last	4. DATE	Month	D	ay Yaar		
(Typa or print)					THARP	DEATH	Febru	arv	16 19	61	
. SEX	6. COLOR OR RACE	MARRIED X NI	VER MARRIED	7   B.	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA		-	
Male	Caucasian	WIDOWED [	DIVORCED	3 2	9 July 190		9 yrs.	Months Day	Hours	Min.	
	ATION (Give kind of work working life, even if ratired)	10b. KIND OF	BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (State	or foreign coun	try)	12. CITIZEN	OF WHAT C	DUNTRY?	
U. S. N		d U. S	. Navy		Okla	homa		US	SA		
3. FATHER'S NAME					14. MOTHER'S MAIDEN		-				
John Wi	lliam THARP	(Deceas	ed)		Cora Ange	la DAVI	S (Dec	eased)			
S. WAS DECEASED	EVER IN U.S. ARMED FORC	ES?   16. SOCIAL	SECURITY NO.	17. IF	WORMANT Wife	*	Address				
Yes	1919 - 194				Fannie Ma	-	Dina	y Point	Moss	rlan	
The same of the sa	DEATH Enter only one c			111 0	T GILLY C LIC	e Titulii	TTHE.	1	INTERVAL BET	WEEN	
PART I. DE	ATH WAS CAUSED BY:	Daca	i not ann		iluma				ONSET AND D		
1120	IMMEDIATE CAUSE (a)	Trest	iratory	10	THE				20 mi	1.	
400	420,0 DUE TO										
	Conditions, if any, which (b) Arteriosclerotic heart disease										
(a), stating tha	DILL TA										
causa last, (c)											
PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF										
None									YES TO		
208. EXTERNAL	20s. EXTERNAL CAUSE WAS PRIMARY OF TOO TOO TOO TOO TOO TO TOO TOO TOO T										
	H.	The dec	eased w	las.	chopping w	500					
20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY	OCCURRED   200	e. PLAC	E OF INJURY (Homa, fare	n, ! 20f. (City	or town)	(County)	(	Slata)	
10:50x3		While Not at work at	Whila	factor	ry, street, office bidg., aid	4	ev Poi	nt St.	M. 1	Md.	
21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection II inquiry and in my opinion											
death resulted from Natural causes X. Ascident . Suicide . Homicide . Undetermined manner											
LT	JAM. ARMS	PRONG /M	C. USNR		CHIEF MEDICAL	EXAMINER					
ACTUAL	MENAS Patis				ACCICTANT MEP				DATE SIG	NED	
SIGNATURE OF THE STATE OF THE S											
NAME (Type) William D. BOYD. M. D. Addrass (Streat, city, town, or county)								2	2-16-61		
	TION, 226. DATE THEREO		AME OF CEMETE	RY OR		22d. LOCATIO					
REMOVAL (Spec	ify) 2/20/6	1 0+	le	6,	. , ,	2/11	4		700	1	
23. FUNERAL DIRECT	TOR INTAUTO	1	DRESS &	The	escopal.	O'D BY REGISTRY	R 24h PEC	ISTRAR'S SIGNI	ATURE	,	
20/01	and Him	4	11-	-/	/ .	//					
11. Clark	Haunne	V Lun	ardlow	m,	Md. DATEE	B 21061	Ch	Umay S. Hu	action .		

MARYLAND STATE DEPARTMENT OF HEALTH

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THE 18,19 Film 325 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased fived, If institution: Residence before admission) a. COUNTY e Pages 4.2, and 3 to the funeral director. Page PM3. Page 5 may be ratained for your files. pages 1 and 2 with the State Board 4. Health, within 72 hours after death. a. STATE b. COUNTY St. Mary's MARYLAND St. Mary's Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town) write RURAL and give nearest town) Leonardtown DOA Rural Drayden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? St. Mary's Hospital YES NO X NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 61 Calvin Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Male Colored WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? XAMINER: This certificate should be executed within 24 hour so, writing the word "pending" in Bencil in Item 18. Give Pages 17. The Chief Medical Examiner's Office along with form PM3. Page 1: Page 3 should be used as a burial-transit permit. File pages 1 and done during most of working life, even if ratired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lloyd Calvin Travis Frances Leona Whalen 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN c ONSET AND DEATH PART I, DEATH WAS CAUSED BY ramoval, and IMMEDIATE CAUSE (e) monoxide poisoning Conditions, if any, which gave rise to immadieta cause (a), stating the underlying lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as it is designated agent, prior to burial, cremation, or it CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of Injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TREEZING AUTO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED + 20e, PLACE OF INJURY (Home, form, 1 20f., (City or town) (Stata) factory, street, offica bldg., atc.) Not While HIGH WAS at work . at work 21. I certify that I took charge of the remains described above held an Autopsy ... Inspection | Inquiry / death resulted from: Natural causes Accident 1. Suicide Homicide Undetermined manner DEPUTY MEDIC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) William D. Bovd M.D. Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) St. Mark's 240 Valley Lee, Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE FEB 9 Chilling S. Thous SM 7/59 W. Clarke Mattingley Leonardtown, Maryland

TAREST TO MAINTED ENTINES THAT CAUSE 1 ten and the state of the state THE PARTY OF THE PARTY many many when the East was